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**Occupational
 Health and Safety
 Authority**

17, Edgar Ferro Street, Pietà, PTA1533
 Tel: 2124 7677-8 Fax: 2123 2909
 email: ohsa@gov.mt
 website: http://www.ohsa.org.mt

REPORT

**of Disease / Medical Condition
 related to work**

and APPLICATION for Benefit

Application received at this office on:

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PART 1. TO BE FILLED BY THE PERSON MAKING THE CLAIM / REPORT

[A] Purpose of this for: Tick (✓) as applicable:

- Claim for Injury Benefit due to Disease / Medical Condition to the Department of Social Security.
- Claim for Injury Grant / Pension due to Disease / Medical Condition to the Department of Social Security.
- Work related Disease / Medical Condition Report to the Occupational Health and Safety Authority.
- Claim for Injury Benefit / Grant / Pension and Disease or Disability Report related to injury on work.
- Employer's Report to the Occupational Health and Safety Authority regarding Disease / Medical Condition related to work.

[B] Applicant's Details:

Identity Card No: Social Security No.

Name: Surname:

Spouse's Identity Card No. (if applicable):

Name of Spouse: Surname of Spouse:

Is spouse working on a full time basis? Tick (✓) as applicable: YES NO

Address:

Date of Birth: Sex: Nationality:

Status: single

married separated and maintains spouse

single parent separated and does not maintain spouse

Telephone Number: Mobile Number:

Fax Number: E-Mail:

Tick (✓) if you would like to receive an SMS notifying social benefit payment.

Tick (✓) if you would like to receive information and news by e-mail or SMS from the Department of Social Security.

Employment: Employed Self occupied Work description

Part-Time Full-Time

I work by roster / shift five or six days per week

I do not work on and

[D] Payment

Benefit should be deposited in a Savings or Current Account but not a Loan Account.

Account No.

Bank:

Applicant's Declaration

I declare that:

- a) I suffer from a Disease / Medical Condition related to work,
- b) details given in Part 1 of this application are correct.

I know that if this claim for Injury Benefit is not received by the Director (Benefits) within 10 days from the date of injury, I may not be entitled for benefit.

I authorise the Department of Social Security to pass on the information about my case to the Occupational Health and Safety Authority as required for the compilation of statistics.

.....
Applicant's Signature

Date

PART 2. TO BE FILLED IN CASE OF A PUBLIC SERVICE EMPLOYEE

For use by the Head of Department (*where applicable*)

"Injury / Ordinary Sick Leave" approved (*delete where not applicable*).

.....
Employer's Signature

Date

PART 3. TO BE FILLED IN BY THE MEDICAL DOCTOR

I have examined the injured person and certify that he / she suffers from the Disease / Condition as indicated in the below Tables A and B.

In my opinion the person will not be able to return back to work for at least more (days / weeks / months).

TABLE A - Diseases / Conditions caused by work

Medical Doctor is requested to tick [✓] type of injury on the table .

TYPE OF DISEASE / CONDITIONS	
Cancers	
Liver Cancer	
Cancer of the Nasal Cavity	
Cancer of the Accessory Sinuses	
Laryngeal Cancer	
Lung Cancer	
Skin Cancer	
Mesothelioma	
Bladder Cancer	
Leukaemia	
Precancerious Skin Lesions	

Respiratory Diseases	
Asthma	
Allergic Rhinitis	
Allergic Alveolitis	
Nasal Ulcerations	
Nasal Perforation	
Chronic Bronchitis	
Asbestosis	
Diffuse Thickening of the Pleura	
Pleural Plaques	
Pleural Effusion	
Coal Workers' Pneumoconiosis	
Silicosis	
Pneumoconiosis associated with Tuberculosis	
Pneumoconiosis due to other silicates	
Byssinosis	
Hard Metal Disease	
Neurological Diseases	
Carpal Tunnel Syndrome	
Toxic Encephalopathy	
Polyneuropathy	
Diseases of the Sensory Organs	
Cataract	
Noise-induced Hearing Loss	
Cardiovascular Diseases	
Raynaud's Syndrome	
Skin Diseases	
Allergic Contact Dermatitis	
Irritant Contact Dermatitis	
Unspecified Contact Dermatitis	
Contact Urticaria	
Acne	
Musculoskeletal Diseases	
Arthrosis of the Elbow	
Arthrosis of the Wrist	
Degeneration Lesions of the Meniscus (knee)	
Bursitis of Elbow	
Bursitis of the Knee	
Tenosynovitis of the Hand and the Wrist	
Medical Epicondylitis (elbow)	
Lateranl Epicondylitis (elbow)	
Infections	
Tuberculosis	
Brucellosis	
Erysipeloid	
Hepatitis A	
Hepatitis B	
Hepatitis C	
Hepatitis E	
Other Specific Hepatitis	
HIV	
Ancylostomiasis	
Leptospirosis	
Additional Infectious Diseases	
Cholera	
Typhoid and Paratyphoid Fever	
Salmonellosis	
Shigellosis	
Other Bacterial Intestinal Infection	
Amoebiasis	
Tularaemia	
Anthrax	

continued ...

Additional Infectious Diseases (continued)	
Tetanus	
Diphtheria	
Erysipelas	
Borreliosis	
Ornithosis	
Avian	
Chlamydiosis	
Q Fever	
Rickettsiosis	
Poliomyelitis	
Rabies	
Haemorrhagic Fever	
Varicella	
Measles	
Rubella	
Mumps	
Dermatophytosis	
Malaria	
Coding of the Toxic and Irritant Effects	
Hemolytic Anaemia	
Anemia	
Secondary Thrombocytopenia	
Agranuloctosis and Neutropenia	
Bronchitis (Acute) or Pneumonitis	
Pulmonary Oedema	
Upper Respiratory Inflammation	
Reactive Airways Dysfunction Syndrome	
Pulmonary Fibrosis	
Toxic Liver Disease	
Tubulo-Interstitial Kidney Diseases	
Chronic Renal Failure	
Colic and other Gastrointestinal Symptoms	

SEVERITY OF THE DISEASE	
Severity of the disease unknown	
Temporary incapacity to work	
0 - 3 days lost	
4 - 6 days lost	
7 - 13 days lost	
14 - 20 days lost	
At least 21 days lost, but less than 1 month	
At least 1 month lost, but less than 3 months	
At least 3 months lost, but less than 6 months	
6 months or more lost	
Permanent incapacity to work	
Permanent incapacity without pension, level of disability unspecified	
Level of disability, 9 % or less	
Level of disability, from 10% to 14%	
Level of disability from 15% to 19%	
Level of disability from 20% to 29%	
Level of disability from 30% to 49%	
Level of disability, 50% or more or pension	
Death	
Severity of Disease not elsewhere mentioned	

continued

**THE MAJOR GROUPS OF EXPOSURE FACTORS
CAUSING THE OCCUPATIONAL DISEASE**

Chemical Agents	
Physical Agents	
Biological Agents	
Biomechanical Exposure Factors	
Psychosocial Exposure Factors	
Industrial Exposure Factors, Materials and Products	

**PRODUCT CONTAINING THE EXPOSURE AGENT
WHICH CAUSED THE OCCUPATIONAL DISEASE**

Absorbent and adsorbent	
Adhesives, binding agent	
aerosol propellants	
Anti-condensation agents	
Anti-freezing agents	
Anti-set-off and anti-adhesive agents	
Anti-static agents	
Bleaching agents	
Cleaning / Washing agents	
Colouring agents	
Complexing agents	
Conductive agents	
Construction materials	
Corrosion inhibitors	
Cosmetics	
Cutting fluids	
Dustbinding agents	
Electromechanical components	
Electroplating agents	
Explosives	
Fertilizers	
Filters	
Fixing agents	
Flame retardants and extinguishing agents	
Flotation agents	
Flux agents for casting joining material	
Foaming agents	
Fuels	
Fuel additives	
Grinding material	
Heat transferring agents	
Hydraulic fluids and additives	
Impregnation material	
Insulating material	
Intermediates	
Laboratory chemicals	
Lubricants and additives	
Odours agents	
Oxidising agents	
Paint, lacquers and varnishes	
Pesticides agricultural	
Non-agricultural pesticides and preservatives	
PH-regulation agents	
Pharmaceuticals	
Photochemicals	
Process regulators	
Radioactive agents	
Reducing agents	
Reprographic agents	
Semiconductors	

continued ...

Softeners	
Solvents	
Stabilizers	
Surface-active-agents	
Surface treatment	
Tanning agents	
Viscosity adjusters	
Vulcanising agents	
Welding and Soldering agents	
Domestic animals	
Wild animals	
Products of animal origin	
Waste of animal origin	
Waste water	
Pointed or cutting medical material	
Brittle medical material (glass etc.)	
Other medical instruments	
Products for bacteriology or biology laboratories	
Blood and other human liquids	
Other human tissues	
Patient	
Other use categories	

<p>.....</p> <p>Name of Medical Doctor IN BLOCKS</p>	<p>.....</p> <p>Medical Council Number</p>
<p>.....</p> <p>Signature of Medical Doctor</p>	<p>.....</p> <p>Date</p>

Data Protection Declaration:

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap 318). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.